September 2014

Nutrition & WIC Update

KANSAS NUTRITION AND WIC SERVICES

Difficult Conversations

Valerie Merrow

It's never easy to have conversations about topics we know little about, such as a potential mental health or abuse issue, but it doesn't have to be hard. When we remind ourselves: why we need to have the conversation; have at least one 'starter' sentence; and always approach it with an attitude of, 'how can I help you,' we can have difficult conversations, effortlessly!

I think sometimes when we have not personally experienced something, it is hard to 'really' imagine what the other person must have been thinking when they made the decisions they made. But we are not here to judge why a person needs our help. We are here to help those who need it and hopefully help them to help themselves. We should empower clients with the right information so they can make healthier, informed choices and maybe help someone else.

Inside This Issue

I had the opportunity to attend a training event by the Department for Children and Families called, "Bridges Out of Poverty." There was a wide variety of individuals who attended this session but the main audience was those professionals who work with individuals in poverty. As we went through the exercises, it appeared quite a few had never actually had to worry about where their next meal was coming from that day, or if they had transportation to get to their minimum wage jobs, or if they would have an affordable babysitter/daycare for their children so they could work their minimum wage job. While there was other valuable information shared at this training, I believe the following information they shared really demonstrates some of the differences in people's daily starting points/perspectives.

CATEGORY	POVERTY	MIDDLE CLASS	WEALTHY
FOOD	Did you have enough? (quantity)	Did you like it? (quality)	Was it presented well? (presentation)
DRIVING FORCES	Survival, relationships, entertainment	Work and achievement	Financial, political and social connections
MONEY	To be used or spent	To be managed	To be invested
TIME – Most Important	Present	Future	History and traditions
DESTINY	Believe in fate; cannot do much to mitigate change	Believe in choice	*Noblesse oblige* French term meaning 'privilege must be balanced by duty towards those who lack such privilege
POWER	Linked to personal respect; ability to fight	Self-sufficiency; self-governance; linked to information and institutions	Linked to expertise, connections, and stability; influences policy and direction

Difficult Conversations (continued)

So, how do you approach the woman who seems to yell as her first response or breaks into tears when you ask her how she's doing with her goals from the last visit? Or how about the person you walk on eggshells around for fear she'll aggressively respond to the appointment's requirements, which by the way may have included trying to find transportation to even get to the clinic? While looking for resources for this article the most useful, quick read I found was an article by Judy Ringer. http://www.judyringer.com/resources/articles/we-have-to-talk-a-stepbystep-checklist-for-difficult-conversations.php The article gives clear ideas on how to approach difficult conversations, and she suggests the following four basic steps.

Step #1: Inquiry – She tells us to cultivate an attitude of discovery and curiosity, be a Sherlock Holmes. Do not tell yourself you are seeing the same difficult client, tell yourself, I need to learn more about this client, what are her/his values and what is it s/he really wants. "I would like to find out how you feel about coming to the clinic to get nutrition information and checks for food?"

Step #2: Acknowledgment – Anytime we can show the person we are communicating with that we have heard their concerns and acknowledge/legitimize their feelings, we earn their trust and learn a little more about where they are right now in their life. "I hear you saying you don't mind it but it does add stress to your day."

Step #3: Advocacy – Once the client has shared the frustration, you can clarify your position and what it is you can or cannot do. "I am here to help you, and I realize it is hard to ask for help from someone. Is it possible you have other concerns besides getting nutritious foods? Did you know I can provide other information outside of the nutrition for you and your family?"

Step #4: Problem-Solving – Then invite the client to help you come up with possible solutions to how the visit can be more beneficial and less stressful for the client. "I can only imagine how difficult it is being in your shoes. I can give you some additional information or I can make a call for you, so that a professional with more information can contact you about your additional needs. How can I help you?"

The trick to difficult conversations is to pick a couple of opening questions and practice them. Say them out loud. Envision the client you wish you could connect with more, and always remember you're here to help clients improve their abilities to make healthier food choices for themselves and their families.

I've been on a few management evaluations and have noticed the staff who are the most successful and most liked, are the ones who know that relationships are the driving forces of the people they serve. The clients/caregivers can tell when it is just a job for you and trust me when I tell you; no one wants to be poor! No one wants to ask for help, but they do it because they have to survive. They may be down right now (and there may be staff who think it is because the client 'chose' to live that way) but they are still people who need our help. Just like us, clients know when someone is thinking less of them by the tone in our voices and the body language we use. I believe I am blessed to work in the WIC program with people who really do want to make a difference in people's lives. Please remember, someone may need you to be brave, and have that difficult conversation, so they can have a better quality of life.

Smoking, Extra Weight Gain in Pregnancy Tied to Obesity in Childhood

Pat Dunavan, MS, RD, LD

We have known that maternal obesity can lead to complications during pregnancy which include a higher risk of gestational diabetes, gestational hypertension, pre-eclampsia, neonatal death and C-section. It has also been well documented that infants born to women who are overweight or obese are more likely to have complications such as hypoglycemia, shoulder dystocia and being larger for gestational age. But now more recent studies are showing additional effects of smoking and obesity during pregnancy. Research now shows that women who smoke during pregnancy and are overweight early in pregnancy are more likely to have children who become obese as toddlers and stay obese throughout their teens.

One study, completed by the School of Public Health, at the University of Tennessee in Memphis looked at children's body mass index (BMI) from age one to age 18. They found that being consistently obese was associated with certain exposures in the womb. They tracked 1,456 infants from birth to age 18, taking measurements at 5 points during this time period. The study divided the children into 4 groups — early persistent obesity which started before age four; the delayed overweight group whose children became heavier more slowly; the early transient group whose children were heavy as babies but became normal weight later, and those who were normal weight throughout childhood. The researchers found that having a mother who smoked during pregnancy was a strong risk factor for being in the early persistent obesity group of children. This was also true for children whose mother was overweight early in pregnancy. Evaluating the children when they were 18 also showed that those with early persistent obesity had twice the risk of asthma and higher blood pressure than those at normal weight.

Additional studies, including some from the University of Kansas Medical Center, show a relationship between infant fat mass and the amount of weight gained by mothers during their pregnancy. The studies looked at the mother's recommended prenatal weight gain based upon the Institute of Medicine. Researchers looked at the impact of the mother's weight gain during pregnancy on their infant's birth weight, fat mass and where the adipose tissue was located. Researchers measured the amount of the infant's fat mass and whether there were increased amounts of central or peripheral fat mass present. It is known that in adults, greater central fat mass is related to greater disease risks. The infants were followed for 10 years with measurements taken at different points during this time.

The studies have shown that infants who were born to women who were overweight or obese had greater total fat mass at birth. It also showed that these infants continued to have more central fat mass through age 10 and poorer metabolic profile. When women gained more than the recommended amount of weight based upon the Institute of Medicine guidelines, it was also found their children also had greater fat mass at birth and were more likely to have that fat mass centrally located. As counselors, more emphasis needs to be placed on encouraging pregnant women to gain the appropriate rather than excessive amounts of weight not only for their health but for the future health of their children.

Journal of Epidemiology and Community Health, online June 3, 2014
Hull et all, 2011, American Journal Obstet. Gyn.

Resources Worth Checking Out

The Food and Nutrition Service, in partnership with the National Agricultural Library is pleased to announce the release of a new mobile-friendly website: http://lovingsupport.nal.usda.gov. The site brings together *Loving Support Makes Breastfeeding Work* materials for easy access. The campaign's goals are to increase breastfeeding initiation and duration rates among WIC participants, increase referrals to WIC for breastfeeding support and increase general public acceptance and support of breastfeeding. The website targets resources to WIC moms, Family & Friends, WIC Staff and Community Partners.

Supporting and Promoting Breastfeeding in Health Care Settings is a four-part series of online, on-demand trainings which focus on supporting and promoting breastfeeding throughout health care settings, including prenatal care, hospital care and early postpartum/postnatal care. The four modules include:

Module 1: Prenatal Care; Module 2: Hospital Care, Part 1; Module 3: Hospital Care, Part 2; Module 4: Early Postpartum/Postnatal Care.

To start the training go to: http://www.albany.edu/sph/cphce/preventionagenda_breastfeeding.shtml. Continuing education credits, including L-CERPs are available for these modules.

The Wheat Foods Council has a self-study module available for continuing education credit. The module presents the science, incidence and mechanism behind food intolerances, gluten sensitivity, and Celiac Disease. It reviewed the etiology of poor gut health, the role of the microbiome, and the mechanisms by which poor gut health can lead to food intolerances and sensitivities. The module has been approved by the Commission on Dietetic Registration for 1 hour of level 2 continuing professional education units (CPEUs). You can access the module at:

http://wheatfoods.org/science-behind-gut-health-and-food-intolerances .

Congratulations to Ashley Hinkson , Morris County Health Department, on completing her doctorate and receiving her nurse practitioner degree!

Published by Kansas Department of Health and Environment. Sam Brownback, Governor. Robert Moser, MD, Secretary. Managing Editor: Julie Ornelas. Reprinting of articles should credit KDHE. USDA is an equal opportunity provider and employer. If you feel you have been discriminated against because of race, color, national origin, sex, age, or disability, write to the Secretary of Agriculture, USDA, Washington, DC.